

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09783633 FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12	1						62						
13		1					63						
14							64						
15		1					65						
16							66						
17		1					67						
18							68						
19		1					69						
20	1						70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						

BEST AVAILABLE COPY